

****CONFIDENTIAL****
RESTRICTED VIEWING

TODOROFF'S® ORIGINAL CONEY ISLAND

FRANCHISE APPLICATION



THE TODOROFF GROUP, LLC
211 EAST GANSON STREET
JACKSON, MICHIGAN
49201-1422
www.todoroffs.com

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CHAPTER 1

INTRODUCTION

1.1 PURPOSE

- The purpose of this document is to obtain information from the franchisee candidate necessary to evaluate their suitability for Todoroff's® Original Coney Island franchise ownership.
- This document shall be utilized for each and all new Todoroff's® Original Coney Island restaurant franchisee candidates, both full-time owner and non-participating investor.

1.2 SCOPE

- This document shall be applicable to all Todoroff's® Original Coney Island franchisee candidates.
- Waivers to this document are neither permitted nor authorized without the express written permission of the president of The Todoroff Group, LLC.

1.3 CHANGES

- The Todoroff Group, LLC strives for excellence in all endeavors. We welcome your constructive recommendations regarding both this document and its contents.
- Changes to this document require the express written approval by the president of The Todoroff Group, LLC.
- Send your suggestions to:

Director of New Franchise Developments
The Todoroff Group, LLC
211 East Ganson Street
Jackson, Michigan 49201-1422

517-787-6168 Voice
517-787-7975 Facsimile

franchisee.support@todoroffs.com

1.4 COPYRIGHT

This document is copyrighted by The Todoroff Group, LLC. The material contained herein is proprietary and company confidential. No part of this work may be reproduced, distributed, or otherwise used by any party without the express written permission of the president of The Todoroff Group, LLC.

CHAPTER 2

FRANCHISE APPLICATION

2.1 INSTRUCTIONS

Provide accurate information for all inquiries. Write "N/A" in fields that do not apply to you. All fields must contain a valid entry.

Feel free to call The Todoroff Group, LLC if you require clarification or assistance in completing this application.

If you received this franchise application in electronic format, then you must print a copy and complete it according to these instructions.

Send this completed application and all requested documentation to:

Director of New Franchise Developments
The Todoroff Group, LLC
211 East Ganson Street
Jackson, Michigan 49201-1422

2.2 REQUIREMENTS

Your responses to the following questions are required to evaluate your suitability for, and to process your request to own, a Todoroff's® Original Coney Island franchise restaurant. Insufficient information, empty fields, and/or refusal to complete this application will prevent The Todoroff Group, LLC from evaluating your request to own a Todoroff's® Original Coney Island franchise thereby disqualifying you from further consideration.

2.3 CONFIDENTIALITY

The information that you provide in this application shall be maintained **CONFIDENTIAL**. The Todoroff Group, LLC policy prohibits non-company agencies, institutions, and persons from viewing your application without the express written consent of both you and this company. We will refer governmental requests to view your application to the company attorneys. We will notify you of such requests. If the government forces disclosure of your application by subpoena, we will notify you as quickly as possible.

2.4 PERSONAL BACKGROUND

INDIVIDUAL	
Full Legal Name:	
List All Aliases:	
Social Security Number:	
Street Address:	
City / State / Zip Code:	
Telephone Numbers:	
E-Mail Addresses:	
Date And Place Of Birth:	
Of Which Country Are You A Citizen?:	
Spouse's Full Legal Name:	
List All Aliases:	
Spouses's Social Security:	
Spouse's Date/Place Of Birth:	
Of Which Country Is Your Spouse A Citizen?:	

INDIVIDUAL (CONTINUED)

Marital Status: _____

Number Of
Previous Marriages: _____

Number Of Children: _____

Number Of Dependents
Living with You: _____

Their Ages: _____

Number Of Dependents
Living Away From You: _____

Their Ages: _____

EDUCATION	
Are You A High School Graduate?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
High School Graduated:	_____
Graduation Date:	_____
Are You A College Graduate?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Undergraduate Degree / Major:	_____
College Graduated:	_____
Graduation Date:	_____
Graduate Degree / Major:	_____
College Graduated:	_____
Graduation Date:	_____
Post Graduate Degree / Major:	_____
College Graduated:	_____
Graduation Date:	_____
Professional Education:	_____ _____
Professional Education:	_____ _____

CRIMINAL

Have You Ever Been Convicted Of Anything Other Than Minor Traffic Violations? Yes No

Arrest & Charge(s): _____

Date & Location: _____

Indictment: _____

Date & Location: _____

Conviction: _____

Date & Location: _____

Sentence: _____

Incarceration: _____

Date & Location: _____

Arrest & Charge(s): _____

Date & Location: _____

Indictment: _____

Date & Location: _____

Conviction: _____

Date & Location: _____

Sentence: _____

Incarceration: _____

Date & Location: _____

Other Arrests: _____

HEALTH

Chronic Diseases:
(communicable) _____

Chronic Skin Ailments: _____

Chronic Muscle Ailments: _____

Chronic Bone Ailments: _____

Chronic Hand Ailments: _____

Chronic Feet Ailments: _____

Chronic Back Ailments: _____

Alcohol Abuse History: _____

Substance Abuse History: _____

Former Mental Treatment: _____

Present Mental Treatment: _____

2.5 PROFESSIONAL BACKGROUND

PRESENT AND PREVIOUS RESTAURANTS OWNED	
Have You Ever Owned A Restaurant? <i>(or an interest in a restaurant)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Name: <i>(most recent)</i>	<input style="width: 100%;" type="text"/>
Location:	<input style="width: 100%;" type="text"/>
Dates Of Operation:	<input style="width: 100%;" type="text"/>
Lowest / Highest Annual Sales Volume:	<input style="width: 100%;" type="text"/>
Termination Reason: <i>(sold, bankruptcy, etcetera)</i>	<input style="width: 100%;" type="text"/>
Have You Ever Owned A Franchise Restaurant? <i>(or an interest in a franchise restaurant)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Name: <i>(most recent)</i>	<input style="width: 100%;" type="text"/>
Location:	<input style="width: 100%;" type="text"/>
Dates Of Operation:	<input style="width: 100%;" type="text"/>
Lowest / Highest Annual Sales Volume:	<input style="width: 100%;" type="text"/>
Termination Reason: <i>(sold, bankruptcy, etcetera)</i>	<input style="width: 100%;" type="text"/>

PRESENT AND PREVIOUS BUSINESSES OWNED

Have You Ever Owned A Business Other Than A Restaurant? Yes No
 (or an interest in a business other than a restaurant)

Business Name: _____
 (most recent)

Business Type: _____

Location: _____

Dates Of Operation: _____

Lowest / Highest Annual
 Income: (from this business) _____

Termination Reason:
 (sold, bankruptcy, etcetera) _____

Business Name: _____
 (next recent)

Business Type: _____

Location: _____

Dates Of Operation: _____

Lowest / Highest Annual
 Income: (from this business) _____

Termination Reason:
 (sold, bankruptcy, etcetera) _____

PRESENT AND PREVIOUS EMPLOYERS

Company: *(most recent)* _____

Location & Telephone: _____

Dates Of Employment: _____

Positions & Titles: _____

Demotions: _____

Responsibilities: _____

Accomplishments: _____

Starting & Ending Salary: _____

Bonuses & Commissions: _____

Termination Reason:
(self, employer, etcetera) _____

Company: *(next recent)* _____

Location & Telephone: _____

Dates Of Employment: _____

Positions & Titles: _____

Demotions: _____

Responsibilities: _____

Accomplishments: _____

Starting & Ending Salary: _____

Bonuses & Commissions: _____

Termination Reason:
(self, employer, etcetera) _____

PRESENT AND PREVIOUS EMPLOYERS (CONTINUED)	
Company: <i>(next recent)</i>	
Location & Telephone:	
Dates Of Employment:	
Positions & Titles:	
Demotions:	
Responsibilities:	
Accomplishments:	
Starting & Ending Salary:	
Bonuses & Commissions:	
Termination Reason: <i>(self, employer, etcetera)</i>	
Company: <i>(next recent)</i>	
Location & Telephone:	
Dates Of Employment:	
Positions & Titles:	
Demotions:	
Responsibilities:	
Accomplishments:	
Starting & Ending Salary:	
Bonuses & Commissions:	
Termination Reason: <i>(self, employer, etcetera)</i>	

2.6 MILITARY BACKGROUND

ACTIVE DUTY / RESERVE / GUARD	
Service Branch:	_____
Dates Of Duty:	_____
Date Sworn In:	_____
Date Separated:	_____
Type of Separation: <i>(Retirement / Discharge)</i>	_____
Type of Discharge: <i>(Hon / Gen / Dishon)</i>	_____
Type of Retirement: <i>(Service / Medical)</i>	_____
Highest Rank:	_____
Demotions:	_____
Awards:	_____
Commendations:	_____
Assignments: <i>(most recent)</i>	_____
Assignments: <i>(next recent)</i>	_____
Assignments: <i>(next recent)</i>	_____
Assignments: <i>(next recent)</i>	_____
Combat Duty: <i>(most recent)</i>	_____
Combat Duty: <i>(next recent)</i>	_____

DISCIPLINARY ACTION

Arrests & Charges: _____

Letters of Reprimand: _____

Article(s) 15: _____

Court(s) Martial: _____

Sentences: _____

Incarcerations: _____

CURRENT STATUS

Are you currently a member of the National Guard? Yes No

If you answered "Yes", indicate what branch: _____

Are you currently a member of the Reserves? Yes No

If you answered "Yes", indicate what branch: _____

2.7 FINANCIAL BACKGROUND

LIABILITIES – MONTHLY OBLIGATIONS	
House(s): <i>(state if mortgage, rent, other)</i>	
Automobile(s):	
Other Loan(s):	
Other Note(s) Payable:	
Total Credit Card:	
No. Of Credit Cards Owed:	
All Other Credit:	
LIABILITIES – OTHER SIGNIFICANT MONTHLY OBLIGATIONS	
Alimony:	
Child Support:	
Friend of the Court:	
Total School (K-12):	
Total School (College):	
All Other Obligations:	
LIABILITIES – TOTAL MONTHLY OBLIGATIONS	
TOTAL OBLIGATIONS:	

ASSETS – CASH

Cash: *(currency)* _____

Cash: *(savings / certificates)* _____

Cash: *(checking)* _____

Money Owed To You: _____

All Other Cash: _____

ASSETS – POSSESSIONS

House(s): *(market value)* _____

Other Real Property: *(mv)* _____

Automobile(s): *(mv)* _____

Big Ticket Items: *(mv)*
(boats, motorhomes, other) _____

Your Business: *(appraised)* _____

All Other Possessions: _____

ASSETS – SECURITIES

Stocks/Bonds: *(present val)* _____

Insurance: *(cash value)* _____

All Other Securities: _____

ASSETS – TOTAL

TOTAL ASSETS: _____

BANKRUPTCIES

Date: _____

Location: _____

Date: _____

Location: _____

GENERAL FINANCIAL INFORMATION

(If you answer "Yes" to any of these questions, please attach detailed information in the "Comments" section at the end of this section or in a separate attached document.)

Have you or your spouse ever declared personal bankruptcy? Yes No

Have you ever been an owner of a company that failed or declared bankruptcy? Yes No

Has any judgment ever been entered against you or your company or your employer where you were one of the litigants? Yes No

Are you a defendant in any suit or legal action? Yes No

Are you involved in pending litigation? Yes No

Do you currently have pledged assets or secured debts? Yes No

Have you ever had a tax return audited or contested? Yes No

Do you anticipate any substantial inheritances? Yes No

Do you presently own an interest in any company? Yes No

Do you have a will on file with the County office? Yes No

PERSONAL FINANCIAL STATEMENT

Attach Statement: _____
 (Current Within 12 months)

2.8 GENERAL INFORMATION

GENERAL INFORMATION		
<i>(If you answer "Yes" to any of these questions, please attach detailed information in the "Comments" section at the end of this section or in a separate attached document.)</i>		
Will you devote your full time to this business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you related by blood or marriage to any officer of The Todoroff Group, LLC? If so, state their name and relationship to you.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you or your employer providing products, goods, or services to The Todoroff Group, LLC or to Todoroff's® Original Coney Island franchisees? If yes, please attach detailed information.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever worked in a Todoroff's® Original Coney Island? If so, state where and when.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever applied for a Todoroff's® Original Coney Island franchise? If so, state where and when.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any hobbies, community activities, special interests, or have other pertinent information about yourself. If so, please list them.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like to add any comments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CHAPTER 3

SUMMARY

3.1 DOCUMENT REVIEW

This document has been reviewed by the Director of Franchise Operations, THE TODOROFF GROUP, LLC.

KURT R. TODOROFF
DIRECTOR OF FRANCHISE OPERATIONS

DATE

3.2 DOCUMENT APPROVAL

This document has been reviewed and approved by the president, THE TODOROFF GROUP, LLC.

KURT R. TODOROFF
PRESIDENT

DATE

CHAPTER 4

ACKNOWLEDGEMENT

FRANCHISEE CANDIDATE ACKNOWLEDGEMENT

CONFIDENTIAL

This application does not obligate either party in any manner.

I submit this information as my complete and true personal and financial condition as of the date shown below. In accordance with the Privacy Act (5USC552a), Freedom of Information Act, and The Fair Credit Reporting Act, I expressly authorize any past or present employer, any law enforcement agency, federal, state, or local, or any person who has personal knowledge of my character, work experience, or criminal records to release this information to The Todoroff Group, LLC.

I understand and acknowledge that, as a condition of being considered for the Todoroff's® Original Coney Island franchise training program, I must submit to a credit history check to be performed by a credit reporting agency of The Todoroff Group, LLC's choice. I understand that the credit reporting agency will make the results of the credit history check available to The Todoroff Group, LLC and the The Todoroff Group, LLC may use those results in determining whether I will be placed into the franchisee training program. If requested by The Todoroff Group, LLC, I agree to supply statements from my professional advisors (i.e. banker, broker, accountant, or attorney) verifying the above assets, and I also agree to furnish copies of Federal Income Tax Returns as filed for the last five years.

I understand that The Todoroff Group, LLC is relying upon all of the above information as a material factor in considering my application to become a Todoroff's® Original Coney Island franchisee, and I therefore agree to promptly notify The Todoroff Group, LLC of any material change in any of the above information or any subsequent information provided to The Todoroff Group, LLC. In addition, I release all persons from liability as a result of true, accurate information.

I understand that providing the information requested in this document, does not qualify me or otherwise entitle me to obtain a Todoroff's® Original Coney Island franchise.

The information contained herein is complete, true, and accurate to the best of my knowledge. I understand that providing false information in this application is grounds for denial of a Todoroff's® Original Coney Island franchise, as well as grounds for termination of a Todoroff's® Original Coney Island franchise that I may subsequently buy and operate, as stipulated in the Todoroff's® Original Coney Island franchise agreement.

I authorize The Todoroff Group, LLC to disclose the information contained in this document to its attorneys, accountants, and consultants for the purpose of evaluating my franchisee candidacy. I authorize The Todoroff Group, LLC to conduct an investigation of my background for the purpose of evaluating my franchisee candidacy.

Todoroff's® Original Coney Island Franchise Application

Version: FA-1.0

Date: April 18, 2003

FRANCHISEE CANDIDATE
(typed or printed)

DATE

FRANCHISEE CANDIDATE
(signed)

DATE